B6F (Official Form 6F) (12/07)

In re **Nellie Kent**, Debtor

Case No. **15-46502**

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xxxxxxxxxxxxxxxxxxxxxx** **cigna Health and life** **po box 182223** **Chattanooga, TN 37422**		-	**2014**				**1,700.00**
Account No. **Clayton Dental** **168 N. Meramec Ave Suite 102** **Saint Louis, MO 63105**		-	**Notice Only**				**0.00**
Account No. **xxxxxxxxxxxxxxxxxx** **convergent** **PO Box 1022** **Wixom, MI 48393**		-	**2014**				**1,800.00**
Account No. **xxxxxxxxxXXXX** **Credit Collection Services** **Two wells Ave** **Newton Center, MA 02459**		-	**2014**				**202.00**

2 continuation sheets attached

Subtotal (Total of this page): **3,702.00**

B6F (Official Form 6F) (12/07) - Cont.

In re **Nellie Kent**, Debtor   Case No. **15-46502**

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **Unknown** **Joseph Sommers** **2001 South Big Bend Blvd** **Suite 325** **c/o Relinda Pearon** **Saint Louis, MO 63117**		-	**Notice Only**				**0.00**
Account No. **xxxxxxxxxxxxx** **LABCORP** **PO BOX 2240** **Burlington, NC 27216-2240**		-	**2014**				**30.00**
Account No. **xxxxxxxxxxxxxxxx** **LCA COLLECTIONS** **POBOX 2240** **Burlington, NC 27216-2240**		-	**2014**				**30.00**
Account No. **xxxxxxxx** **Midwest Acceptance** **c/o Van Dillon** **1420 Strassner Drive** **Saint Louis, MO 63144**		-	**MISC**				**0.00**
Account No. **xxxxxxxxxxxxxxx** **Quest Diagnostics** **PO Box 740780** **Cincinnati, OH 45274**		-	**2014**				**30.00**

Sheet no. **1** of **2** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **90.00**

B6F (Official Form 6F) (12/07) - Cont.

In re **Nellie Kent**, Debtor   Case No. **15-46502**

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxxxxx **Speciality and Primary Care** **PO Box 78159** **Saint Louis, MO 63178**		-	2014				180.00
Account No. **title Lenders of St. Louis** **c/o John Soieder** **1 Campbell Plaza** **Saint Louis, MO 63139**		-	MISC				0.00
Account No. xxxxxxxxxxx **Transworld Stystems Inc** **PO Box 99** **Wilmington, DE 19850**		-	2014				1,136.00
Account No.							
Account No.							

Sheet no. 2 of 2 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page)	1,316.00
Total (Report on Summary of Schedules)	5,108.00

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
Eastern District of Missouri

In re **Nellie Kent** Debtor(s)

Case No. **15-46502**
Chapter **7**

DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **16** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 15, 2017**

Signature ***/s/* Nellie Kent**
Nellie Kent
Debtor

Penalty for making a false statement or concealing property: Fine of up to $500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.